

## HHS Project Abstract

### Department of Health and Human Services

**Program Announcement****\* Program Announcement (Funding Opportunity Number)****\* Closing Date****\* Applicant Name****\* Length of Proposed Project****\* Application Control No.****Federal Share Requested (for each year)****\* Federal Share 1st Year****\* Federal Share 2nd Year****\* Federal Share 3rd Year****Non-Federal Share Requested (for each year)****\* Non-Federal Share 1st Year****\* Non-Federal Share 2nd Year****\* Non-Federal Share 3rd Year****\* Project Title**

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**\* Project Summary**

**\* Estimated number of people to be served as a result of the award of this grant.**